

COMMONWEALTH OF MASSACHUSETTS REGISTRY OF MOTOR VEHICLES

Affidavit of Sponsor in Support of a Person Aged 65 or Older Seeking a Massachusetts ID Card

	apport of the Application of:	(Name of Applicant)	<u> </u>
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	AF	FFIDAVIT	
1.	My name is:(Printer		and I
	(Printe	ed Name of Sponsor)	
	reside at:(Residential Address)		
	(Residential Address)	(City/Tow	vn) (Zip)
2.	I swear that I am at least 21 Years of Age and that I possess a valid original Massachusetts Driver's License or a valid Massachusetts Identification Card issued to me by the Registry of Motor Vehicles, which I have presented to the reviewing Registry official.		
3.	My Driver License/ID Card Number is:		
4.	(Check only one):		
	(a) I am a blood relative of the Applicant who is my: (Relationship)		
	(b) I am not related to the Applic	cant but have known the Appl	(Relationship) icant for more than 12 month
5.	I further swear that I believe the Applicant to be at least 65 years of age; that I know that the applicant in need of a Massachusetts ID Card; that I have reviewed the completed application for a Massachus ID Card and believe the Applicant's statements to be true; and, the person before the RMV today is to same person described in the Application for a Massachusetts ID Card.		
	same person described in the Application		
5.	I have read the statements contained in understand that I am signing this Affid punished for false statements by fine, in Chapter 90, Section 24 and that my Dri	lavit under the penalties of p mprisonment, or both under	perjury and that I may be Massachusetts General La
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